STATE OF MARYLAND—CERTIFICATE OF DEATH

05843

1. PLACE OF DEATH

County Caroline (51C) Registration Dist. No. 61

Village or City Greensboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas L. Bilbrough If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Bilbrough

6. DATE OF BIRTH (month, day, and year) June 30, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) Jan 1, 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pensylvania

FATHER

13. NAME Samuel Bilbrough

14. BIRTHPLACE (city or town) (State or country) Pensylvania

MOTHER

15. MAIDEN NAME Catherine Alvine

16. BIRTHPLACE (city or town) (State or country) Pensylvania

17. INFORMANT Miss Elsie Bilbrough (Address) Greensboro Md

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Md Date June 20, 1939

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro, Md.

20. FILED June 20, 1939 L. Mae Lippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937, to June 17, 1939

I last saw him alive on June 16, 1939; death is said to have occurred on the date stated above, at 11:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Metastatic Growth in Spine

Primary carcinoma of prostate gland.

Prostate removed five years ago. C.W.F.R.

Date of onset

Other Contributory Causes of Importance:

Chronic Myocarditis

Name of operation Non Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Poundsfer M. D.

(Address) Greensboro, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05844

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Greensboro md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME May C. Corwyn. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Wingle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) June 1, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME William Corwyn

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) L. L. Pellmare Greensboro md.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Md Date June 21, 1939

19. UNDERTAKER (Address) Raymond B. Rawlings Greensboro Md.

20. FILED June 20, 1939 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to June 19, 1939

I last saw her alive on June 19, 1939; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1/71

Other Contributory Causes of importance:

Pulmonary Tuberculosis	1/71

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles H. Stonecliffe M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 8 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C) Reg. Dist. No. 64

CERTIFICATE OF DEATH

05845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Federalsburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Federalsburg (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elwood Crumble

3 (b) If veteran, name war —

3 (c) Social Security No. 212-16-1775

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Augusta Crumble

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 18, 1881

8. AGE: Years 57 | Months 9 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Frank Butler

FATHER 13. Birthplace Caroline County, Md.

MOTHER 14. Maiden Name Hennie Crumble

MOTHER 15. Birthplace Caroline County, Md.

16 (a) Informant Mrs. Augusta Crumble

16 (b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1939 (month) (day) (year)

17 (c) Cemetery or crematory John's Cemetery

Location Near Preston, Maryland

18 (a) Funeral director J. T. Frampton & Son

18 (b) Address Federalsburg, Maryland

19 (a) June 19, 1939 (Date rec'd by registrar) (b) V. S. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death June 17 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1939, to 6/16 1939, and that I last saw him alive on 6/16 1939.

Immediate cause of death	Duration
Carcinoma of Prostate	1938 (about 1 yr)
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Kurtz M. D. or other

Address Federalsburg Date signed 6/19/39

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JUL 5 1939
BUREAU V. S.

05846

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Caroline Registration Dist. No. 61

Village or City Greensboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Faulkner If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Faulkner

6. DATE OF BIRTH (month, day, and year) April 3. 1871

7. AGE Years 68 Months 2 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laboror

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Milk Plant

10. Date deceased last worked at this occupation (month and year) Jan 5. 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Falkner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katherine Faulkner (Address) Greensboro. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Date June 25, 1939

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro. Md.

20. FILED June 25, 1939 L. MacPeppin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1934, to June 23, 1939

I last saw him alive on June 22, 1939; death is said to have occurred on the date stated above, at 11:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other Contributory Causes of importance:

Arteria Sclerotica

Cardiac Vascular Disease

Name of operation none Date of

What last confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles H Stoneyfeld M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1929
V. S.
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (81)

Reg. Dist. No. 62

05847

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 yrs. 10 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Denton (If outside city or town limits, write RURAL and give town)

(d) Street No. Market Street (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Catherine Griffith

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1855

8. AGE: Years 84 Months — Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER

12. Name Thomas F. Griffith

13. Birthplace Caroline County, Maryland

MOTHER

14. Maiden Name Margaret A. Ross

15. Birthplace Caroline County Maryland

16 (a) Informant T. Mark Breeding

(b) Address Denton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1939 (month) (day) (year)

(c) Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18 (a) Funeral director J. J. Frampton & Son

(b) Address Federalsburg, Maryland

19 (a) 6-26-39 (Date rec'd by registrar) (b) Mrs D. George Registrar

MEDICAL CERTIFICATION

20. Date of death June 25 1939, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1938, to June 25 1939 and that I last saw him alive on June 24 1939.

Immediate cause of death

Due to Chronic Bronchitis

Due to Sclerosis of Cord

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

?

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dawson C George M. D. or other

Address Denton Md Date signed 6/26/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

05848

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah Elliot Powell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	widow

B (b) Name of husband or wife Frank A Powell
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1847

8. AGE:

Years	Months	Days	If less than one day
91	10	26	hrs. min.

9. Birthplace Phila Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Henry H Elliott
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Mary Ward
15. Birthplace Phila Pa

16. Informant Frank A Powell
Address R-D. Denton. Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof 6/30/39
(month) (day) (year)
Cemetery or crematory
Location Dalton Tuesse Jr
18. Funeral director J. Virgil Tucker Son
Address Denton Md.

19. 6-28 1939 Dr A C George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939 at 8.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 1938, to June 27 1939, and that I last saw her alive on June 27 1939

Immediate cause of death — DURATION
Arteriosclerosis - generalized — 9 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external ceuses, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public piece (where?)
Means of injury Injured at work?

23. SIGNATURE Paul Deutsch M D
M. D. or other
Address Denton Md Date signed June 28. 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

05849

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82a)

County Caroline Registration Dist. No. 61

Village or City Goldsboro Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isabell Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Goldsboro St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day, and year) Sept 20, 1849

7. AGE Years 75 Months 8 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) June 5 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bellia Kennedy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mildred Johnson (Address) Goldsboro Md.

18. BURIAL, CREMATION, OR REMOVAL Place Near Greensboro Md Date 6/11, 1939

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro Md.

20. FILED June 11, 1939 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 8, 1939

I last saw her alive on June 8, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 6
Cerebral Hemiplegia	1939

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. H. Stoneman M.D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95B)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Henry R. Lewis

3. (b) Social Security Number

4. Sex M

5. Color or race wht

6. (a) Single, married, widowed, or divorced widowed

B (b) Name of ~~husband~~ or wife Martha Jane Voss

6(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1850

8. AGE: Years 88 Months 5 Days 27 If less than one day — hrs. — min.

9. Birthplace Kent County, Del.
(Town, county, and state)

10. Usual occupation Attorney at Law

11. Industry or business

FATHER
12. Name Jacob F. Lewis
13. Birthplace Felton, Del.

MOTHER
14. Maiden name Rachael Laws
15. Birthplace Felton, Del.

16. Informant Miss Anne Voss
Address Denton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 14, 1939
(month) (day) (year)

Cemetery or crematory

Location Denton, Md.

18. Funeral director J. Virgil Moore & Son
Address Denton, Maryland

19. June 13 1939
(Date rec'd by registrar)
Mrs. D. O. George
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1939, at 9:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to June 11 1939, and that I last saw him alive on June 11 1939.

Immediate cause of death Marked Regurgitation Chronic Disease of Heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederic N. Nichols
M. D. or other

Address Denton Md Date signed 6/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05851

(8)

1. PLACE OF DEATH

County Carolina Registration Dist. No. 66

Village or City near Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurrad yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lynch If U. S. Veteran, specify WAR

(a) Residence: No. near Ridgely St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* tha word)
Female	White	Single

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and yaar) June 9-1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. —

10. Data dacaasad last worked at this occupation (month and year) —

11. Total time (yaars) spant in this occupation —

12. BIRTHPLACE (city or town) Near Ridgely (State or country) Md

FATHER

13. NAME Francis Lynch

14. BIRTHPLACE (city or town) Ridgely (State or country) Md

MOTHER

15. MAIDEN NAME Emily Beaumont

16. BIRTHPLACE (city or town) Ridgely (State or country) Md

17. INFORMANT Francis Lynch (Addrass) Ridgely

18. BURIAL, CREMATION, OR REMOVAL Burial Lot - on farm Data June 9, 1939

19. UNDERTAKER Francis Lynch (Acting) (Address) Ridgely, Md

20. FILED June 9, 1939 J. W. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 193 9 (Yaer)

22. I HEREBY CERTIFY, That I attanded deceased from ..., 19..., to ..., 19...

I last saw h... aliva on ..., 19...; daath is said to heve occurred on the dete steted ebove, at ...m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralatad causas of importance wara as follows:

	Date of onset
Still born	
a developmental defect not accurately determined	

Othar **Contributary Causes** of importance:

Nama of operation ... Date of ...

What test confirmed diegnosis? ... Was there an eutopsy? ...

23. If death wes due to axternal ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Date of injury ..., 19...

Whara did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disaase or injury in any way ralatad to occupation of daceasad? no

If so, specify ...

(Signad) Paul Purnell M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46C)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Mac. Donald

3. (b) Social Security Number

4. Sex: F

5. Color or race: w

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or ~~wife~~ William Mac Donald

6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): 7-18-1852

8. AGE: Years 86 | Months 10 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Alex Mac Callum
13. Birthplace Scotland

MOTHER
14. Maiden name Ann Mac Callum
15. Birthplace Scotland

16. Informant Miss Bessie Mac Donald
Address Denton

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-7-39 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Eng.

18. Funeral director J Virgil Evans & Son
Address Denton

19. June 7 1939 (Date rec'd by registrar) Mrs. D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1939, at 6 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1939, to June 4 1939, and that I last saw her alive on May 27 1939

Immediate cause of death: Intestinal obstruction — DURATION: 12 days.

Due to abdominal Carcinomatosis. The origin being at Sigmoid Flexure of Colon — 7 years.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma - sigmoid flexure Colon with resection 1932

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E Paul Knotts M D
M. D. or other

Address Denton Md Date signed June 7-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

05853

CERTIFICATE OF DEATH

92a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 33 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Federalsburg, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. West Central Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Isaac Henry Morris

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel B. Morris

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) December 3, 1882

8. AGE: Years	Months	Days	If less than one day
56	6	3	____hr. ____min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)

10. Usual occupation Postmaster

11. Industry or business U.S. Post Office

FATHER

12. Name Isaac Henry Morris

13. Birthplace Dorchester County Md.

MOTHER

14. Maiden Name Margaret J. Harris

15. Birthplace Dorchester County, Md.

16 (a) Informant Mrs. Ethel B. Morris

(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1939 (month) (day) (year)

(c) Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18 (a) Funeral director J. J. Frampton & Son

(b) Address Fed'lsburg Maryland

19 (a) June 7, 1939 (Date rec'd by registrar) (b) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death June 6 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 19__ to 6/6 1939, and that I last saw him alive on 6/6 1939.

	Duration
Immediate cause of death Coronary sclerotic Changes with Ventricular Hypertrophy & Congestive Failure	Dec 19, 1938
Due to an Old Rheumatic heart	
Due to with Mitral insufficiency due to Rheumatic fever when	
Other conditions he was about 18 yrs of age.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Knotts
M. D. or other

Address Federalsburg Date signed 6/7/39

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JUN 28 1939
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-E) Reg. Dist. No. 64

05854

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 18 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maple Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** William B. Wagner

3 (b) If veteran, name war —

3 (c) Social Security No. 213-03-9684

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary K. Wagner

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) September 21, 1899

8. AGE: Years	Months	Days	If less than one day
39	8	27	____hr. ____min.

9. Birthplace Sussex County Delaware
(Town, county and state)

10. Usual occupation Treasurer

11. Industry or business Federalsburg Package Co.

FATHER
12. Name Harry Wagner
13. Birthplace Philadelphia Penna.

MOTHER
14. Maiden Name Elizabeth Bowman
15. Birthplace England

16 (a) Informant Mrs. Mary K. Wagner
(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1939 (month) (day) (year)
(c) Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) June 19, 1939 (Date rec'd by registrar) (b) J. S. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death June 18 1939, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1938, to June 18 1939, and that I last saw him alive on June 18 1939.

Immediate cause of death	Duration
Sarcoma of Leg Et	6 months
Due to generalized melanosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma of Leg
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank M. Anderson M.D.
M. D. or other
Address Federalsburg, Md Date signed 6/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.